

11.3.17




Sherburne County Sheriff
13880 Business Center Dr | Elk River, MN 55330 | Phone: (763) 765-3500

CMS Booking Sheet Report

Wednesday, November 1, 2017
5:42:07 pm

** For official use only **

Booking No 17-005231	Booking Date 11/01/17 13:38	Sex M	Race White	Hair Brown	Eyes Blue
SPN# 12010	Name Lynas, James Carr		Height 602	Weight 140	 Photo Date: 11/01/17 17:39
Address 27320 136th St NW Zimmerman, MN 55398		Phone# 763-568-4996 --	State ID MN06061533		
DOB 10/10/1986	Age 31	SSN 474-15-9777 Alien# A	FBI 242366MC1		
Place of Birth Buffalo, MN	Citizen UNITED STATES		Custody Level		Inmate Type Anoka Boarder
Confine Reason Boarder	Arrest Date 11/01/17 13:00		Release Reason		Release Date
Scars/Marks/Tattoos 200 Abdomen Tattoo 201 Left Ankle Tattoo 203 Left Arm Tattoo (Non Specific) 207 Back Tattoo 214 Chest Tattoo					
Reviewed by RN Date: 11/1/17 Time: 2200 Initials: KB.RN CONSENT FORM SIGNED DATE: 11/1/17					
Relative	Relationship		Phone#		
Employer Garly Foundry			Occupation Laborer		
Agency Case # ORI # Court Case #	Charge Code Charge Description	Class	**Charge** Charge Date	Est.Compl DT	Document Type Disposition Bond Amount
1709756	169A.20.1(5)	Felony	11/01/17	01/18/18	Straight Time Commitment
MN002013G	DWT-FEL-Oper Mv-Alc Concentration 0.08 W/I 2 Hours				

Officer Signature: _____

Inmate Signature: _____

Sergeant Signature: _____

✓ UDS

✓ 30 min c/w

MB-20

MH-13

TB-4



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CMS Medical Report

Printed On: 11/01/17 17:42

SPN : **12010** Name : **Lynas, James Carr** DOB : **10/10/1986**
Booking#: **17-005231** Completed By : **2227-Leandro, Refugio** Date & Time : **11/01/2017 17:37**

Medical Questions

- | | | |
|--|------------------------------|--|
| 1) Are you currently taking prescribed medication(s)?
Está tomando medicamentos recetados? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 2) Do you have diabetes?
Tienes diabetes? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 3) Have you ever had a seizure?
Alguna vez ha tenido una convulsión? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 4) Do you have a history of heart disease or any current heart problems?
Tiene antecedentes de enfermedad cardíaca o tiene problemas cardíacos? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 6) Do you have high blood pressure?
Tiene la presión de sangre alta? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 7) Are you allergic to any medications or foods?
Es alérgico a algún medicamento o comida? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 8) Are you on a restricted diet prescribed by a medical doctor?
Está usted en una dieta restringida prescrita por un médico? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 9) Do you have asthma?
Tienes asma? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 10) Have you recently been hospitalized or seen by a medical doctor?
Recientemente ha sido hospitalizado o visto por un medico? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 11) Are you, or could you possibly be pregnant?
Es usted, o podría usted posiblemente estar embarazada(o)? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 12) Have you given birth in the last 6 weeks?
Ha dado a luz en las últimas 6 semanas? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 13) Are you currently receiving dental treatment or have any major dental conditions or concerns at this time?
Recibe tratamiento dental o tiene alguna condición o preocupación dental importante en este momento? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 5) Have you had any major injuries, including head trauma in the last 3 days? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

Infection and Communicable Disease

- | | | |
|--|------------------------------|--|
| 14) Do you have hepatitis?
Tiene hepatitis? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 15) Have you ever been told that you have active Tuberculosis?
Alguna vez le han dicho que tiene Tuberculosis activo? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |



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- 16) Have you been given a TB Mantoux test or been x-rayed for TB in the last 12 months? ☐ YES ☒ NO
Le han hecho una prueba de TB Mantoux o a sido radiografiado(a) para detectar la tuberculosis en los últimos 12 meses?
- 17) Have you ever tested positive for the HIV virus? ☐ YES ☒ NO
Alguna vez ha resultado positivo para el virus del VIH?
- 18) Do you have any significant open sores, wounds or boils? ☐ YES ☒ NO
Tiene llagas abiertas significativas, heridas o abscesos en la piel?
- 19) Are there any other medical conditions or health issues that we should know about? ☐ YES ☒ NO
Hay alguna otra condición médica o problemas de salud que debamos conocer?

Substance Use/Abuse

- 20) Have you used street drugs or abused prescription medication in the last 7 days? ☒ YES ☐ NO
Ha utilizado drogas de venta libre o abusado medicamentos de receta?? en los últimos 7 días?
- 20A) If yes, what kind?
Si es así, de qué tipo?
opiates, meth
- 20B) Mode of use?
Modo de uso?
smoke
- 20C) Amounts used?
Cantidades utilizadas?
half gram
- 20D) Frequency of use? Frecuencia de uso?
daily
- 20F) How long have you been using?
Cuánto tiempo llevas usando?
1 year
- 20G) Do you have a history of any problems that occurred when you stopped using drugs? ☐ YES ☒ NO
Tiene antecedentes de algún problema que ocurrió cuando dejó de usar drogas?
- 21) Have you used alcohol in the last 7 days? ☐ YES ☒ NO
Ha utilizado alcohol en los últimos 7 días?
- 20E) Last used? Utilizado por última vez?
yesterday

Staff's Observations



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- | | | |
|---|------------------------------|--|
| 22) Does the Inmate/Detainee have obvious pain, bleeding, signs of trauma or illness, or any other symptoms suggesting a need for immediate medical service? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 23) Are there any concerns for infection or any communicable/contagious conditions? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 26) Any noticeable body deformities or other physical abnormalities? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 27) Any fresh needle marks or other obvious indications of drug use? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 28) Does the Inmate/Detainee appear to have a new tattoo(s)? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 24) Does the Inmate/Detainee appear to be under the influence of drugs or alcohol or have you been given information that the Inmate/Detainee may be under the influence? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 25) Are there any visible signs/symptoms of alcohol or drug withdrawal? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 29) Are there any other things to note about the Inmate/Detainee's behavior, mental status, conduct, behavior, appearance or ease of movement? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 30) Was there an interpreter used? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

Medical Disposition of the Inmate/Detainee

- | | | |
|--|---|--|
| A) Cleared for general population with routine notification to medical personnel. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| B) Cleared for general population with appropriate referral to medical personnel: (Yes to question 2,3,4,5,18,20,21 and/or 23) | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| C) Medical personnel notified immediately to provide further direction prior to the inmate/detainee being assigned to housing. (On-call service shall be used after hours) (Yes to any questions 22,25 and/or PBT is .25 or greater) | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
- signature

Signature

11/01/2017 17:37

Date



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CMS Mental Health

Printed On: 11/01/17 17:43

Booking# : 17-005231 **Name :** Lynas, James Carr **SPN :** 12010**Interview Dttm :** 11/01/2017 17:38 **Interviewed By :** 2227-Leandro, Refugio**Mental Health Questions**

- | | | |
|--|------------------------------|--|
| 1) Have you recently experienced a significant loss (job, relationship, death of someone close to you, etc.)?
Recientemente a tenido una pérdida significativa de (trabajo, relación, muerte de alguien cercano a usted, ect.)? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 2) Do you currently believe that someone can control your mind by putting thoughts into your head or taking thoughts out of your head?
Cree que alguien le puede controlar su mente poniendo pensamientos en su cabeza o sacando pensamientos de su cabeza? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 3) Do you currently feel that other people know your thoughts and can read your mind?
Siente que otras personas conocen sus pensamientos y pueden leer su mente? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 4) Have you currently lost or gained as much as two pounds a week for several weeks without even trying?
A perdido o ganado hasta dos libras a la semana durante varias semanas sin siquiera intentarlo? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 5) Have you or people close to you noticed that you are currently much more active than you usually are?
Usted o las personas cercanas a usted notaron que usted esta mucho más activo(a) de lo que usualmente esta? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 6) Do you currently feel like you have to talk or move more slowly than you usually do?
Siente que tiene que hablar o moverse más lentamente de lo normal? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 7) Have there currently been a few weeks when you felt like you were useless or sinful?
A habido algunas semanas en las que se a sentido inútil o que a pecado? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 8) Have you ever attempted suicide?
Alguna vez a intentado suicidarse? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 9) Are you thinking of harming yourself at this time?
Está pensando en hacerse daño en este momento? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 10) Are you now, or have you ever been treated for a mental or emotional problem?
Es usted ahora, o le an tratado para un problema mental o emocional? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 11) Are you currently prescribed medication for emotional or mental health problems?
Recientemente está tomando medicamentos para problemas emocionales o de salud mental? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |



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CMS Mental Health

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12) Have you ever received inpatient and/or outpatient psychiatric treatment?

☐ YES ☒ NO

Alguna vez a recibido tratamiento psiquiátrico para pacientes hospitalizados y / o ambulatorios?

13) Have you ever been treated for substance abuse?
A sido tratado alguna vez por abuso de sustancias?

☒ YES ☐ NO

13A) If yes, when?

Si la respuesta es sí, cuándo?

2013

13B) If yes, where?

Si la respuesta es sí, donde?

unity lyric buiding

13C) If yes, what substance(s)?

Si la respuesta es sí, qué sustancia(s)?

alcohol

14) Do you have any other mental health complaints/concerns at this time?

☐ YES ☒ NO

Tiene alguna o otra queja/preocupación de salud mental en este momento?

Officer Observation

15) Does the Inmate/Detainee appear to be mentally ill, mentally challenged or otherwise vulnerable?

☐ YES ☒ NO

16) Does the inmate/detainee's behavior suggest the risk of harm to self or others?

☐ YES ☒ NO

17) Is the inmate/detainee exhibiting any symptoms psychosis, depression, anxiety and/or aggression?

☐ YES ☒ NO

18) Was an interpreter used?

☐ YES ☒ NO

Disposition of Inmate/Detainee

Signature and Date:

A) Cleared for general population with routine notification to medical personnel.

☐ YES ☒ NO

B) Medical personnel notified immediately to provide further direction prior to the inmate/detainee being assigned to housing. (answered "yes" to question 9, 16 and/or 17) On call service shall be used after hours.

☐ YES ☒ NO

[Signature]

11/01/2017 17:38

Signature

Date



SHERBURNE COUNTY JAIL CONSENT TO TREATMENT



Samy L. Harris
NAME

10/12/86
DATE OF BIRTH

12010
SPN

I hereby give my consent to the Sherburne County Jail medical provider, its employees and agents to perform any diagnostic laboratory procedures, examinations, x-rays, oral or injected medications, or other procedures recommended by the medical provider.

I am aware the practice of medicine is not an exact science, and I acknowledge no guarantees have been made regarding the result of treatments or examinations performed by the medical staff.

I also authorize the transfer of my medical records, or copies of said records, to any facility to which I am referred for treatment or to any other correctional facility to which I am transferred.

I understand that if I am released from the Sherburne County Jail with medications, they may be in a non-childproof container and therefore I am responsible for them.

I understand I may withdraw this consent to any specific treatment, at any time, by refusing the treatment or test.

I sign this willingly, in full understanding of the above, and release Sherburne County Jail and its medical provider, its employees and agents from any and all liability that may arise from this action.

[Signature]
SIGNATURE

DATE

[Signature] 343
WITNESS

11/1/17
DATE



SHERBURNE COUNTY JAIL INFECTIOUS DISEASE SCREENING



Staff Badge# _____ Date: _____ Temperature: _____ F Height: _____ Weight: _____

Inmate Name _____ PIN# _____

PLEASE CIRCLE THE CORRECT RESPONSE

1. Have you ever tested positive for tuberculosis/TB?

YES

NO

If yes, did you take a FULL course of medicine to treat it?

YES

NO

(0)

(2)

2. Do you have a productive (coughing up phlegm) or an ongoing cough that has lasted more than 3 weeks?

YES

NO

(6)

(0)

If yes, do you have chest pain?

YES

NO

(4)

(0)

3. Have you been coughing up blood from your lungs?

YES

NO

(8)

(0)

4. Are you having?

Fever as high or higher than 100 degrees for more than a week?

YES

NO

(3)

(0)

Frequent night sweats?

YES

NO

(3)

(0)

Weight loss of more than 10lbs. in the past 1-2 months?

YES

NO

(3)

(0)

5. Have you had close contact with someone who has a cough for several weeks or who has active tuberculosis/TB?

YES

NO

(4)

(0)

Score: 16 If 10 or more, move to medical segregation and notify medical staff.

MENd_000008



**SHERBURNE COUNTY JAIL
MEDICAL UNIT – FOOD ALLERGY**



If you indicate that you have had an allergic reaction to a certain type of food(s). This is to inform you of the following:

1. If you have a certain food that you do not prefer, it is best not to indicate this as an allergy as this will affect your meal tray.
2. If a food allergy is indicated, your provided meal tray will be specific to your indicated food allergy.
3. You will **NOT** be restricted from food commissary purchases; however commissary purchases are considered a privilege and can be restricted if it is deemed medically necessary for any reason at any time.
4. If you have a specific food allergy and choose to purchase commissary it is **YOUR** responsibility to determine which items you can purchase.

By signing below, you are acknowledging the above information. It is your responsibility to indicate a true reaction to a specific food item so that your provided meal trays will be specific to your allergy.

You have the right to refuse to sign this form, but in doing so, that does not prohibit the Sherburne County Jail Medical Unit from placing you on an allergy diet as this is a safety issue for both you and the Sherburne County Jail.

Check One:

☒ I **do not** have a food allergy.

☐ I **have** a food allergy to the following: _____

Inmate/Detainee Signature

SPN

Date



Health Assessment

☒ Initial

☐ < 90 days update (*)

☐ Annual update

Personal Statistics *

Inmate Name: Lynas, James DOB: 10/10/86 ID #: 12010
 County: Sherburne Home Zip Code: 55398 SS#: --9777
 Insurance Information: Blue Plus Expected Court/Out Date: Anoka
 Adult Community Based Services? ☒ No ☐ Yes:
 Last Tetanus: ☐ ≤ 5 years ☐ ≥ 5 years ☒ Unknown ²¹ Allergies: ☒ NKDA ☐ Yes:
 T: 97.9 P: 74 R: 15 B/P: 113/73 ☒ RA ☐ O₂: 99% LHT: 6'2 WT: 159
 Interpreter Required? ☒ No ☐ Yes -- Language: _____

Medications/Treatments/Clinic Review *

Current Medications/Treatments: ☒ Denies ☐ Yes _____

Primary Clinic: NA Primary Pharmacy: NA

Systems Review

Neurological:	<input checked="" type="checkbox"/> Denies	<input type="checkbox"/> Yes: _____
Seizures:	<input checked="" type="checkbox"/> Denies	<input type="checkbox"/> Yes: _____
Stroke:	<input checked="" type="checkbox"/> Denies	<input type="checkbox"/> Yes: _____
TBI:	<input checked="" type="checkbox"/> Denies	<input type="checkbox"/> Yes: _____
Skin:	<input checked="" type="checkbox"/> Denies	<input type="checkbox"/> Yes: _____
Vision:	<input checked="" type="checkbox"/> Denies	<input type="checkbox"/> Yes: _____
Ears:	<input checked="" type="checkbox"/> Denies	<input type="checkbox"/> Yes: _____
Dental Emergencies:	<input checked="" type="checkbox"/> Denies	<input type="checkbox"/> Yes: _____
Dentures:	<input checked="" type="checkbox"/> Denies	<input type="checkbox"/> Yes: _____
Chest/Lungs/Heart:	<input checked="" type="checkbox"/> Denies	<input type="checkbox"/> Yes: _____
Asthma:	<input type="checkbox"/> Denies	<input checked="" type="checkbox"/> Yes: <u>outgrown as child</u>
Hypertension:	<input checked="" type="checkbox"/> Denies	<input type="checkbox"/> Yes: _____
Stomach/Bowel/Bladder:	<input type="checkbox"/> Denies	<input checked="" type="checkbox"/> Yes: <u>diarrhea from withdrawal. none now</u>
Diabetes:	<input checked="" type="checkbox"/> Denies	<input type="checkbox"/> Yes - <input type="checkbox"/> Diet Controlled <input type="checkbox"/> Oral <input type="checkbox"/> Insulin
Neck/Back/Ortho:	<input checked="" type="checkbox"/> Denies	<input type="checkbox"/> Yes: _____
Surgery History:	<input type="checkbox"/> Denies	<input checked="" type="checkbox"/> Yes: <u>Nose & nasal cavity 2016. nose cut off</u>
Disabilities/Special Needs:	<input checked="" type="checkbox"/> Denies	<input type="checkbox"/> Yes: _____
MRSA/Infectious Diseases:	<input checked="" type="checkbox"/> Denies	<input type="checkbox"/> Yes: _____
STDs:	<input checked="" type="checkbox"/> Denies	<input type="checkbox"/> Yes: _____
Hepatitis:	<input checked="" type="checkbox"/> Denies	<input type="checkbox"/> Yes: _____
Other:	<input type="checkbox"/> Denies	<input checked="" type="checkbox"/> Yes: <u>Nose cut off last year</u>
Pregnancy Status (females):	<input checked="" type="checkbox"/> Denies <u>NA</u>	<input type="checkbox"/> Yes - Test Confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No LMP: _____

PREA *

Have you ever been a victim of sexual violence? (Declare you are a mandated reporter.) ☐ Yes ☒ No
 (If yes, complete PREA -- Past Sexual Victimization Reporting Guidelines form.)

Inmate Name: Lynas, James DOB: 10/10/86 ID: 12010

Orientation/Mental Health Review *

Level of Consciousness: ☒ Alert
 Orientation: ☒ Oriented x 3
☐ Not oriented to person
 Affect/Behavior: ☒ Calm ☐ Agitated
☐ Crying ☐ Fearful
 Mental Health Diagnosis: ☒ Denies
 Suicidal Ideation: ☐ Denies
 Past Suicide Attempts: ☒ Denies
 Chemical Dependency History: ☐ Denies
 Drug Tested: ☐ No ☒ Yes - Date/Results: See sheet on watch.

☐ Verbal ☐ Pain
☐ Disoriented x 3
☐ Not oriented to place
☐ Anxious ☐ Depressed
☐ Hostile ☐ Inappropriate
☒ Cooperative
☐ Restless ☐ Flat

Yes: Dep Anxiety, ADD - 11/15/18
 Yes: Up last night when stomach hurt
 Yes: Heroin.
 Yes: See sheet on watch.

Yes to any Mental Health Review Questions, use Suicide Risk Screening Form.)
 Score 11e

Tuberculosis Screening *

Have you had a tuberculosis test in the past? ☐ Denies ☒ Yes - Date & Results: Here 5mo ago
 Have you ever been told you had TB? ☒ Denies ☐ Yes - Where: _____
 Have you ever taken any medications for TB? ☒ Denies ☐ Yes - Where: _____
 Have you ever been told your immune system is not working right? ☒ Denies ☐ Yes - Where: _____
 Do you have any of the following symptoms? (Check box if inmate answers yes.)
☐ Chest pain ☐ Bloody spit ☐ Cough lasting more than 3 weeks
☐ Loss of appetite ☒ Night sweats ☐ Fever ☐ Chills
☐ Weight loss without trying Amount: _____

Mantoux Test

TB screening of inmates and employees of Minnesota Correctional facilities is required by law (MN Statute 144.445). An individual refusing to submit to the TB screening shall: 1. Submit to a chest x-ray and be financially responsible for that x-ray. 2. Be placed in medical segregation until a determination of risk is made.

Date Given: 11/3/17 Lot #: 806544 Expiration: 1/18 Dose: 5 TU 0.1ml (LRA) Given by: J Monpersen
 Date Read: 11/5/17 Results: MM Read by: CU 388
 Chest X-ray Ordered: ☒ No ☐ Yes - Date Ordered: _____

Nursing Assessment *

Patient reporting stomach pain in the center of his abdomen which started last night. Patient reports that it feels like a burning, feeling goes worse when he lays down. Will treat per protocol with Maalox 30cc tid PRN x 3 days. Patient reports that he was in a lot of pain last night and had thoughts of self harm because of his stomach. Patient denies any thoughts of self harm now. Patient started on med process. Explained and person verbalized understanding. Reviewed above with Mental Health follow up in the clinic as needed. J Monpersen

Release Statement *

I understand that information I provide will be used to develop my medical plan of care while I am in the jail setting. The information will be accessible only to individuals who work in the Jail Medical Unit or whose work requires it. Should medical care outside the jail setting become necessary, the health information contained in my record may be shared with other health care providers, MDH, or Correctional Facilities to assure continuity of care.

I agree to allow the medical staff to inquire about my current medical condition and/or medications with my current physician/clinic/pharmacy.

I agree to participate in my medical plan of care with the medical staff at the jail.

Inmate Signature: _____ Date: _____ Time: _____
 Nurse Print/Signature: J Monpersen Date: 11/3/17 Time: _____
 Medical Provider Print/Signature: See sheet on watch Date: 11-10-17 Time: 11:00



Suicide Risk Screening Form

CORRECTIONAL CARE

Inmate Name: James Lynd DOB: 10/10/80 ID: 12010

Indication for Screening:

- ☒ Abnormal Health Assessment Screen
 ☐ BDI Score >40
 ☐ Altered Mental Status
☐ Current Suicidal Remarks/Actions
 ☐ Currently on Suicide Watch/Observation
 ☐ MHW
☐ Other _____

Inmate appears to engage sufficiently to consider this a valid assessment? ☒ Yes ☐ No

	Low Risk			High Risk		
	0	2	4	6	8	10
Plan	Denies/ None	Vague, uncertain plan	Clear thoughts, reflective	Some specific	Written note and/or well thought out plan	Note written, time, place, and method chosen
Method	Denies/ None	Undecided	Pills, cutting	CO, gas, oven, car	Hanging, jumping	Gun
Availability	Denies/ None	Method unavailable	Can acquire easily	Some effort required to prepare	Method ready in the home	Method in hand
Time	Denies	No time specified	Specified vaguely, within weeks	Day and time chosen, within a week	Plan to complete today	Plan in progress
Prior Attempt	Denies	1 or 2 gestures, low risk attempts	3 or more gestures, medium risk attempts	History of many threats/attempts	History of highly lethal attempt at least once	Multiple serious attempts
Depression	Denies	Feeling low or blue	Mild depression	Chronic depression	Major depression	Major depression and hopelessness
Stress Level	Denies	No specific stress or loss	One minor conflict or loss	Several concurrent stressors	Major loss or conflict	Several meaningful losses and changes
Health (non-mental)	Denies	Transitory illness (comes and goes)	Acute illness	Disability or chronic health problems	Severe illness or injury, and/or recent diagnosis	Terminal illness and/or recent diagnosis
Isolation (Feelings)	Has good support system	Others present and semi- supportive	Roommate/notable other, semi-involved	Others present but not supportive	Alone, no help nearby	Alone, isolated
Mood	A & O x 3	Coherent	Intoxicated/hallucina ting	Distressed/tearful	Depressed/angry	Paranoid/delusional

Total Risk Assessment Score: 16

A total of 36 points or more requires intervention (Medical Provider or Mental Health Consult or Suicide Watch/FWBC).

Intervention/Follow-Up Plan: Started on MH process.Assessor's Signature: J. ThompsonDate: 11.30.17



Flow Sheet - Chemical Withdrawal

Inmate Name: Lynas, James Carr DOB: 10/10/86 ID: 12010
 Allergies: NRDA Health Assessment Completion Date: _____

See Scoring Guide On Back	Time/Date <u>7/5/17</u>	Time/Date <u>0715/7/6/17</u>	Time/Date <u>1</u>	Time/Date <u>1</u>
Eating Disturbances	<u>0</u>	<u>0</u>		
Tremor	<u>0</u>	<u>0</u>		
Sleep Issues	<u>0</u>	<u>0</u>		
Orientation	<u>0</u>	<u>0</u>		
Hallucinations	<u>0</u>	<u>0</u>		
Communications	<u>0</u>	<u>0</u>		
Agitation	<u>2</u>	<u>0</u>		
Sweating	<u>1</u>	<u>0</u>		
Temperature	<u>98.1</u>	<u>97.2</u>		
Pulse	<u>106</u>	<u>104</u>		
Blood Pressure	<u>124/86</u>	<u>129/87</u>		
Total Score A score of 10 or more contact MD for further orders.	<u>4</u>	<u>5</u>		
Medical Provider Contacted?	<u>NO</u>	<u>No</u>		
Assessor's Signature	<u>AK, 4321</u>	<u>AP, RN</u>		

Note: Every scoring requires a nursing note below with date & signature.

Follow-Up Plan/Miscellaneous: 7/5/17 - Pt seen in clinic & provided urine.
Pt positive for Bupropion, Amp & mAMP. Pt stated he was having
withdrawal symptoms of nausea, tremors, & cold sweats. Pt
denies any seizure or stroke history. No tremor noted
w/ hands extended or tongue extended. Pt was very fidgety
and restless during assessment. Pt denies any other
medications or medical diagnoses. RN to follow up w/
clinic as needed. AK, 4321
7/6/17 - Pt denies nausea, vomiting or diarrhea. Reports eating and sleeping
well. Reports intestines are starting to "rumble" but no issue yet. Calm and
cooperative. Skin dry. Sat still in chair. Clear speech. Steady even gait.
Pt teaching completed on lowered tolerance of OPI and risks of going
back to previous dose. Pt teaching on importance of staying hydrated.
Recommended Pt seek medical care on outside if released from
court today due to pt thinks he will be released today. Pt verbalized
understanding and agreed he would follow up @ primary clinic. RN to see pt tomorrow. AP, RN
7/7/17 - Pt released on 7/6/17. AP, RN



Chemical Withdrawal Questionnaire

Inmate Name: James Lynas DOB: 10/10/86 ID: 12010 Allergies: NKDA
 Vitals: T: 98.1 P: 106 R: 15 BP: 124/86 WT: _____ O2 Sat: 97
 PBT: _____ @ _____ @ _____ @ _____ @ _____

Drug	Amount of Use	Frequency of Use	Duration of Use	Last Use
<u>OPR</u>	<u>1/2 g/day</u>	<u>daily</u>	<u>1 yr.</u>	<u>7/4/17</u>

1. History of withdrawal symptoms? Seizures?

tremors, ^{cold} sweats, nauseated, ~~Seizured~~

2. Does the inmate take any prescription medications? If yes:

~~No~~

3. Urine Drug Screen results:

+OXY, +OPR, +MMW, +AMP, -PCP, -BAR, -BZO, -COE, -THC

On-Call Medical Staff Notified?

☐ Yes

☒ No (If yes, see HT/CO Incident Call Sheet)

CO Print/Signature: _____ Date: _____ Time: _____

Facility: _____



Flow Sheet - Chemical Withdrawal

Inmate Name: Lynas, James DOB: 10/10/86 ID: 12010
 Allergies: NRDA Health Assessment Completion Date: _____

See Scoring Guide On Back	Time/Date 2300 / 11-11-17	Time/Date 0700 / 11-2-17	Time/Date 10:30 / 11-3-17	Time/Date 1
Eating Disturbances	0	2	2	0
Tremor	0	0	0	0
Sleep Issues	0	4	4	4
Orientation	0	0	0	0
Hallucinations	0	0	0	0
Communications	0	0	0	0
Agitation	0	1	0	0
Sweating	0	0	0	0
Temperature	98.4 0	97.5 0	97.9 0	98.2 0
Pulse	94 2	77 0	74 0	78 0
Blood Pressure	112/82 0	121/68 0	113/73 0	124/81 0
Total Score A score of 10 or more contact MD for further orders.	2	7	6	4
Medical Provider Contacted?	NO	NO	NO	NO
Assessor's Signature	AK, 4321	JK 4323	JK 4323	BZ, RN 4354

Note: Every scoring requires a nursing note below with date & signature.

Follow-Up Plan/Miscellaneous: 11/1/17 pt denied any sleeping or eating disturbances. Pt reported having cold sweats for withdrawal symptoms, but denied any history of seizures. Pt was oriented x3; pt had dry & natural colored skin, no sweating noted. No tremor noted w/ hands & tongue extended. RN to see pt tomorrow. AK 4321

11-2-17. Reports Nausea & diarrhea. Reports being able to eat and keep down dinner last night. Pt reporting only slept 2 hours last night will rectify chills tomorrow. Thompson AK

11-3-17. Patient reports that he did not sleep very well because he had stomach pain. He reports his last bout of diarrhea was last night after dinner. Patient denies any other symptoms. Follow up again tomorrow. Thompson RN

11-4-17 Patient reports eating all of his supper with no N, V, B. No tremor noted. Reports sleep issues and only sleeping 20 min intervals. AOX3. Denies hallucinations. Held conversation with clear speech. Calm and cooperative. Skin warm and dry. Chem flow sheet d/c due to 4 scores under 10 in 4 days. BZ, RN.

Inmate Name: James Lynas DOB: 10/10/86 ID: 12010 Allergies: NKDA
Vitals: T: 98.4 P: 94 R: 16 BP: 112/82 WT: O2 Sat: 98
PBT: @ @ @ @

[illegible]

- Cold sweats, 6 seizures

- ~~Ø~~ medo

- + mAMP, +AMP, +BZO, -OPI, -ACP, -BAR, -THC, COC

On-Call Medical Staff Notified? ☐ Yes ☒ No (If yes, see HT/CO Incident Call Sheet)

CO Print/Signature: AK. 4321 Date: 11/17 Time: 2300

Facility: _____



Suicide Risk Screening Form

CORRECTIONAL CARE

Inmate Name: Lynas, James DOB: 10/10/86 ID: 12010

Indication for Screening:

- ☐ Abnormal Health Assessment Screen
 ☐ BDI Score >40
 ☒ Altered Mental Status
☐ Current Suicidal Remarks/Actions
 ☐ Currently on Suicide Watch/Observation
 ☐ MHW
☐ Other _____

Inmate appears to engage sufficiently to consider this a valid assessment? ☒ Yes ☐ No

	Low Risk				High Risk	
	0	2	4	6	8	10
Plan	Denies/ None	Vague, uncertain plan	Clear thoughts, reflective	Some specific	Written note and/or well thought out plan	Note written, time, place, and method chosen
Method	Denies/ None	Undecided	Pills, cutting	CO, gas, oven, car	Hanging, jumping	Gun
Availability	Denies/ None	Method unavailable	Can acquire easily	Some effort required to prepare	Method ready in the home	Method in hand
Time	Denies	No time specified	Specified vaguely, within weeks	Day and time chosen, within a week	Plan to complete today	Plan in progress
Prior Attempt	Denies	1 or 2 gestures, low risk attempts	3 or more gestures, medium risk attempts	History of many threats/attempts	History of highly lethal attempt at least once	Multiple serious attempts
Depression	Denies	Feeling low or blue	Mild depression	Chronic depression	Major depression	Major depression and hopelessness
Stress Level	Denies	No specific stress or loss	One minor conflict or loss	Several concurrent stressors	Major loss or conflict	Several meaningful losses and changes
Health (non-mental)	Denies	Transitory illness (comes and goes)	Acute illness	Disability or chronic health problems	Severe illness or injury, and/or recent diagnosis	Terminal illness and/or recent diagnosis
Isolation (Feelings)	Has good support system	Others present and semi- supportive	Roommate/notable other, semi-involved	Others present but not supportive	Alone, no help nearby	Alone, isolated
Mood	A & O x 3	Coherent	Intoxicated/hallucina- ting	Distressed/tearful	Depressed/angry	Paranoid/delusional

Total Risk Assessment Score: 2

A total of 36 points or more requires intervention (Medical Provider or Mental Health Consult or Suicide Watch/FWBC).

Intervention/Follow-Up Plan:

See memo for more info - AB4321Assessor's Signature: AB4321Date: 10/11/17



Mental Health Referral

Inmate Name: Lynas, James DOB: 10/10/86 ID: 12010
 Facility: Sherburne County Housed for: Anoka

Medication List/Copy of MAR Attached: ☒ Yes ☐ No – Inmate not taking medication.

Reason for Referral

- ☐ Suicide Asmt/Attempt or Watch ☐ Mental Health Packet ☐ Altered Mental Status
☐ Follow-up from previous visit ☐ PREA – Date Reported: _____
☐ Urgent Request (reason): _____
☒ MD Referral (reason): BDI score of 43
☐ Other (reason): _____

Additional Comments

See Emrds note attached. FNP C.W. Started ptg on
Hydroxyzine x 10 days.

Nurse Signature: Alison R. R. RN Date: 11/5/17 Time: 1418

- | | |
|--|------------------------------|
| <input type="checkbox"/> Beck Depression Inventory | <input type="checkbox"/> N/A |
| <input type="checkbox"/> 2-week Depression Form | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Jail Booking Questions | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Health Assessment | <input type="checkbox"/> N/A |
| <input type="checkbox"/> MAR | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Inmate's Medical Request Form | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Jail Incident Report | <input type="checkbox"/> N/A |
| <input type="checkbox"/> UDS Results | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Suicide Risk Screening Form | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Special Precautions Form | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Records From Outside Facility | <input type="checkbox"/> N/A |

*Scheduled w m.h.
11/16/17
(MR)*

Sherburne County Jail

13880 Business Center Drive, Elk River, MN 55330

Tel: (763) 765-3850 | Fax: (763) 765-3817

Lynas, James Carr, DOB: 10/10/1986

Encounter Note 11/05/2017 | (supervised by Todd Leonard, MD)

This note has been signed by Pfeiffer, Alyssa. It has not been signed by Leonard, Todd, MD.

Chief Complaint

James Lynas is a 31 year old male Anoka inmate. Today's visit is a chemical withdrawal assessment. His primary language is English. He is completely fluent in English.

Pt returned BDI with a score of 43 and number 9 scored as a 1.

Writer reviewed pt health assessment visit, previous suicide risk assessment and BDI with FNP C.W. who asked for writer to meet with pt and get more information.

Pt seen in clinic.

History of Present Illness

Pt denies suicidal thoughts and when writer asked if he had the opportunity available to kill himself would he do it, pt responded stated "No, I couldn't do that to my daughter". Pt denies hx of attempts or plans of suicide but reports in 2013 when he got his felony he felt like giving up and he sold all of his guns so he wouldn't shoot himself. Reports was having a rough time on the outside but about 1.5 months ago started getting his life back together but still continued to use opiates. Reports now being in jail is the first time in 1.5 years he's been sober and is having to deal with his mental health; when asked how's he's currently coping with it pt stated "honestly I'm suffering and not coping with it". Pt reports he went to court on Tuesday and got 4 months but possibility of going to work house after 30 days but thinks it's in his best interest to do the 4 months then go to a treatment that does dual dx to get help with drug use and mental health like at Nystrom or recovery plus. Report the last time he went to treatment his mental health was not addressed and he thinks that was part of the issue of returning to drugs. Pt reports "definitely" feeling depressed and "my anxiety is through the roof". Reports feeling very stressed about being locked in for 20 hours a day while in Gamma, but when he has time out of his cell he watches tv or walks which helps. Reports his insomnia is maddening, his mind is going crazy with thoughts, and going through many emotions like frustration, irritated and then emotional. Pt reports having current goal of getting life back together and future goals of going to treatment, and putting his life back together for his daughter so she doesn't have to go through the same thing he did. Pt reports if he did have suicidal thoughts he would tell the CO or clinic.

Health Summary**Current Problems**

Adult annual physical

Onset Date: 11/03/2017

Mental health care

Onset Date: 11/03/2017

Withdrawal sign or symptom

Onset Date: 07/05/2017

Current Medications

Maox Maximum Strength 400-400-40 mg/5 mL Oral Suspension

30 cc 3xs daily as needed x 3 days. (use stock)

Allergies / Adverse Reactions

No Known Drug Allergies

Vitals

General	11/04/2017 09:37 PM
Height	6'2"
Blood Pressure	124/81
Pulse	78
Body temperature	98.2°F
Respiratory rate	14
Oxygen saturation	98%
Pain level	0 - No pain
Cognitive status	No cognitive impairment

1, Sitting, Adult
cuff, |2 Finger clip,
Sitting, |

3 Oral |

4 Room air

Sherburne County Jail

13880 Business Center Drive, Elk River, MN 55330

Phone: (763) 765-3850 | Fax: (763) 765-3817

assessment score: 12.

Assessment

1 Seen in mental health clinic

ICD10: R69 Illness, unspecified

2 Medication started

Plan

Care Plan (Recommendations)

TORB from FNP C.W. for 15 min mental health watch in general population, start Hydroxyzine as set up above and give first dose now (1100) and sent MH referral.

Housing CO informed of 15 min MH watch. MH referral sent. Writer thoroughly explained step 2 of MH packet, pt verbalized understanding. Step 2 of MH packet sent with pt. Pt informed of provider's plan and to bring his 2 week packet with him when he meets with MH provider.

Sgt 3411 updated. Pt to follow up with clinic PRN.



CORRECTIONAL CARE

Special Precautions/Management

Inmate Name: Lynas, James DOB: 10/10/86 ID: 12010

When special precautions/management is initiated due to threatened or attempted self-harm or medical conditions, medical or mental health staff will assess inmate on an ongoing basis until all restrictions are restored as safety of the inmate indicates. Items marked (✓ or X) are items the inmate has had restored.

Clothing Items

☒ Underwear/Socks/Bra
☒ Scrub top, pants, and footwear
☐ Kevlar suit

Linens

☒ Washcloth
☒ Towels
☒ Blankets
☒ Pillowcase/Bed Linens
☐ Kevlar Blanket
☒ Mattress

Hygiene Items

☒ Toilet Paper
☒ Deodorant
☒ Toothpaste and toothbrush
☒ Soap and shampoo
☒ Comb
☐ Razors

Diversion Items

☒ Eyeglasses
☒ Books and magazines
☒ Writing paper and pencil
☒ OTC Medications

Dietary

☒ Regular dinnerware and tray
☐ Precautionary

Observational Status – Reason: BDI score 43

☐ Suicide Watch (frequency per facility)
☐ Close Observation/MH Watch

☐ Secured Housing/Special Management
☒ General Population
☒ Miscellaneous 15 min watch

Intervention/Follow-Up Plan: TORB from FNP C.W. for 15 min watch for mental health
for mental health in general population, start thioridazine
(as set up in MAR) and send MH referral ~ AP, RN

Follow-Up Schedule

☐ Daily ☐ Weekly ☐ Monthly ☒ Miscellaneous: MH referral sent

Medical Staff Print/Signature: Alyssa Pfeifer Date: 11/5/17 Time: 1523

Interdisciplinary Staff Members Involved: AP, RN, FNP C.W.

Special Precautions Protocol

☒ Initiated Per FNP C.W. ☐ Discontinued ☐ Modified

Provider Print/Signature: _____ Date: _____ Time: _____



CORRECTIONAL CARE

Suicide Risk Screening Form

Inmate Name: Lynas, James DOB: 10/10/86 ID: 12010

Indication for Screening:

- ☐ Abnormal Health Assessment Screen
 ☒ BDI Score >40
 ☐ Altered Mental Status
☐ Current Suicidal Remarks/Actions
 ☐ Currently on Suicide Watch/Observation
 ☐ MHW
☒ Other error

Inmate appears to engage sufficiently to consider this a valid assessment? ☒ Yes ☐ No

	Low Risk			High Risk		
	0	2	4	6	8	10
Plan	Denies/None	Vague, uncertain plan	Clear thoughts, reflective	Some specific	Written note and/or well thought out plan	Note written, time, place, and method chosen
Method	Denies/None	Undecided	Pills, cutting	CO, gas, oven, car	Hanging, jumping	Gun
Availability	Denies/None	Method unavailable	Can acquire easily	Some effort required to prepare	Method ready in the home	Method in hand
Time	Denies	No time specified	Specified vaguely, within weeks	Day and time chose, within a week	Plan to complete today	Plan in progress
Prior Attempt	Denies	1 or 2 gestures, low risk attempts	3 or more gestures, medium risk attempts	History of many threats/attempts	History of highly lethal attempt at least once	Multiple serious attempts
Depression	Denies	Feeling low or blue	Mild depression	Chronic depression	Major depression	Major depression and hopelessness
Stress Level	Denies	No specific stress or loss	One minor conflict or loss	Several concurrent stressors	Major loss or conflict	Several meaningful losses and changes
Health (non-mental)	Denies	Transitory illness (comes and goes)	Acute illness	Disability or chronic health problems	Severe illness or injury, and/or recent diagnosis	Terminal illness and/or recent diagnosis
Isolation (Feelings)	Has good support system	Others present and semi-supportive	Roommate/notable other, semi-involved	Others present but not supportive	Alone, no help nearby	Alone, isolated
Mood	A & O x 3	Coherent	Intoxicated/hallucinating	Distressed/tearful	Depressed/angry	Paranoid/delusional

Total Risk Assessment Score: 12

A total of 36 points or more requires intervention (Medical Provider or Mental Health Consult or Suicide Watch/FWBC).

Intervention/Follow-Up Plan: See Emds for details. TORB from FUP C.W. to initiate 15min watch for mental health in general population, start Hydroxyzine as set up on MAR (give first dose now) and send MH referrals. Providers orders completed, see Emds note. ~APR

Assessor's Signature: Alyssa P. H. RNDate: 11/5/17



Beck Depression Inventory

Inmate Name: James Lynas DOB: 10/10/86 ID: 12010 Date Initiated: _____
 Please check the box that best matches you or your feelings most of the time.

2	1.	<input type="checkbox"/> I do not feel sad. <input type="checkbox"/> I feel sad. <input checked="" type="checkbox"/> I am sad all the time and I can't snap out of it. <input type="checkbox"/> I am so sad and unhappy that I can't stand it.
3 4	2.	<input type="checkbox"/> I am not particularly discouraged about the future. <input type="checkbox"/> I feel discouraged about the future. <input type="checkbox"/> I feel I have nothing to look forward to. <input checked="" type="checkbox"/> I feel the future is hopeless and that things cannot improve.
2 3	3.	<input type="checkbox"/> I do not feel like a failure. <input type="checkbox"/> I feel like I have failed more than the average person. <input checked="" type="checkbox"/> As I look back on my life, all I can see is a lot of failures. <input type="checkbox"/> I feel I am a complete failure as a person.
3 4	4.	<input type="checkbox"/> I get as much satisfaction out of things that I used to. <input type="checkbox"/> I don't enjoy things the way I used to. <input type="checkbox"/> I don't get real satisfaction out of anything anymore. <input checked="" type="checkbox"/> I am dissatisfied or bored with everything.
3 4	5.	<input type="checkbox"/> I don't feel particularly guilty. <input type="checkbox"/> I feel guilty a good part of the time. <input type="checkbox"/> I feel quite guilty most of the time. <input checked="" type="checkbox"/> I feel guilty all of the time.
3 4	6.	<input type="checkbox"/> I don't feel I am being punished. <input type="checkbox"/> I feel I may be punished. <input type="checkbox"/> I expect to be punished. <input checked="" type="checkbox"/> I feel I am being punished.
2 3	7.	<input type="checkbox"/> I don't feel disappointed in myself. <input type="checkbox"/> I am disappointed in myself. <input checked="" type="checkbox"/> I am disgusted with myself. <input type="checkbox"/> I hate myself.
3 4	8.	<input type="checkbox"/> I don't feel I am any worse than anybody else. <input type="checkbox"/> I am critical of myself for my weaknesses or mistakes. <input type="checkbox"/> I blame myself all the time for my faults. <input checked="" type="checkbox"/> I blame myself for everything bad that happens to me.
1	9.	<input type="checkbox"/> I don't have any thoughts of killing myself. <input checked="" type="checkbox"/> I have thoughts of killing myself, but I would not carry them out. <input type="checkbox"/> I would like to kill myself. <input type="checkbox"/> I would kill myself if I had the chance.
2	10.	<input type="checkbox"/> I don't cry any more than usual. <input type="checkbox"/> I cry more than I used to. <input checked="" type="checkbox"/> I cry all the time now. <input type="checkbox"/> I used to be able to cry, but now I can't cry even though I want to.

2	11.	<input type="checkbox"/> I am no more irritated by things than I ever was. <input type="checkbox"/> I am slightly more irritated now than usual. <input checked="" type="checkbox"/> I am quite annoyed or irritated a good deal of the time. <input type="checkbox"/> I feel irritated all the time.
2	12.	<input checked="" type="checkbox"/> I have no lost interest in other people. <input type="checkbox"/> I am less interested in other people than I used to be. <input checked="" type="checkbox"/> I have lost most of my interest in other people. <input type="checkbox"/> I have lost all of my interest in other people.
3	13.	<input type="checkbox"/> I make decisions about as well as I ever could. <input type="checkbox"/> I put off making decisions more than I used to. <input checked="" type="checkbox"/> I have greater difficulty in making decisions more than I used to. <input checked="" type="checkbox"/> I can't make decisions at all anymore.
2	14.	<input type="checkbox"/> I don't feel that I look any worse than I used to. <input type="checkbox"/> I am worried that I am looking old or unattractive. <input checked="" type="checkbox"/> I feel that there are permanent changes in my appearance that make me look unattractive. <input type="checkbox"/> I believe that I look ugly.
2	15.	<input type="checkbox"/> I can work about as well as before. <input type="checkbox"/> It takes an extra effort to get started at doing something. <input checked="" type="checkbox"/> I have to push myself very hard to do anything. <input type="checkbox"/> I can't do any work at all.
3	16.	<input type="checkbox"/> I can sleep as well as usual. <input type="checkbox"/> I don't sleep as well as I used to. <input type="checkbox"/> I wake up 1-2 hours earlier than usual and find it hard to get back to sleep. <input checked="" type="checkbox"/> I wake up several hours earlier than I used to and cannot get back to sleep.
1	17.	<input type="checkbox"/> I don't get more tired than usual. <input checked="" type="checkbox"/> I get tired more easily than I used to. <input type="checkbox"/> I get tired from doing almost anything. <input type="checkbox"/> I am too tired to do anything.
	18.	<input checked="" type="checkbox"/> My appetite is no worse than usual. <input type="checkbox"/> My appetite is not as good as it used to be. <input type="checkbox"/> My appetite is much worse now. <input type="checkbox"/> I have no appetite at all anymore.
	19.	<input checked="" type="checkbox"/> I haven't lost much weight, if any, lately. <input type="checkbox"/> I have lost more than five pounds. <input type="checkbox"/> I have lost more than ten pounds. <input type="checkbox"/> I have lost more than fifteen pounds.
2	20.	<input type="checkbox"/> I am no more worried about my health than usual. <input type="checkbox"/> I am worried about physical problems such as aches, pains, upset stomach, or constipation. <input checked="" type="checkbox"/> I am very worried about my physical problems and it is hard to think of much else. <input type="checkbox"/> I am so worried about my physical problems that I cannot think about anything else.
2	21.	<input type="checkbox"/> I have not noticed any recent change in my interest in sex. <input type="checkbox"/> I am less interested in sex than I used to be. <input checked="" type="checkbox"/> I have almost no interest in sex. <input type="checkbox"/> I have lost interest in sex completely.

Inmate Name: Sam Long DOB: 10-10-86 ID: 012010

Score: 43 ☒ Step 2 sent to inmate

Scorer's Signature: Alyssa L. H. RN Date: 11/5/17

NOV/01/2017/WED 08:44 AM ACSO Jail Medical

>> Sherburne County

P. 002

**Anoka County**

325 E. Jackson St.,

Anoka, Minnesota 55303

Phone : (763) 324-5114, Fax : (763) 324-5143

CONFIDENTIAL TRANSFER OF MEDICAL INFORMATIONFacility: *Jail* *Anoka* *10-31-17*☐ Need Immediate Attention☐ No Medical Treatment Given Prior To Transfer

Inmate Name	Inmate No	Gender	DOB	MRN
LYNAS JAMES CARR	517984	M	10/10/1985	7741

Allergies :Allergy Name: *None***Medical/Mental/Dental/Eye Problems :**

Medical Condition	ICD Code	ICD Description
-------------------	----------	-----------------

Medication :

Medication Name	SIG	Start Date	End Date	Note
-----------------	-----	------------	----------	------

Treatment :

Treatment Name	SIG	Start Date	End Date	Note
----------------	-----	------------	----------	------

Pregnant :☐ Yes ☐ No ☐ Unknown**TB :**

Last PPD Test / Chest X-Ray	Result	Induration	Date
PPD Test			
Chest X-Ray			

Lab/Diagnostic Test :

Lab/Diagnostic Test Name	Date	Result
--------------------------	------	--------

Immunization :

Vaccination Name	Status	Given Date
------------------	--------	------------

Pending Appointment :

Appointment With	Date & Time	Reason
	11/1/2017 12:00:00 AM	Intake, oplate wd

Diet :

Diet Type	Diet Name	Start Date	End Date
-----------	-----------	------------	----------

Attachments :☐ Yes ☐ No☐ Universal Body Substance Precautions

Sherburne County Jail

13880 Business Center Drive, Elk River, MN 55330

Phone: (763) 765-3850 | Fax: (763) 765-3817

Lynas, James Carr, DOB: 10/10/1986

Encounter Note 07/05/2017 (supervised by Todd Leonard, MD)

This note has been signed by Kretsch, Andrea on 7/5/2017 11:41:56 PM and Leonard, Todd, MD on 7/6/2017 8:38:29 AM.

Chief Complaint

James Lynas is a 30 year old male County Inmate. Today's visit is a chemical withdrawal assessment. His primary language is English. He is completely fluent in English.

History of Present Illness

Pt seen in clinic. Pt reported OPI use and provided urine. Pt stated he was having withdrawal symptoms of nausea, tremors, and cold sweats. Pt denies any history of seizures or stroke. Pt denies any other medications or medical diagnoses.

Vitals**General**07/05/2017
11:36 PM

Blood Pressure

124 / 86

Pulse

106²

Body temperature

98.1³

Respiratory rate

16

Oxygen saturation

97

Pain level

0 - No pain

Cognitive status

No cognitive impairment

1, Sitting, Adult
cuff, |2 Finger clip,
Sitting, . |

3 Oral

Physical Exam

Pt had steady and even gait, was restless but cooperative, pt had slightly pale but dry skin. No tremor noted with hands and tongue extended.

Assessment

1 Withdrawal sign or symptom

ICD10: F19.939 Other psychoactive substance use, unsp with withdrawal, unsp

ResultsMedical professional profile (12
drugs), screen and
confirmation, urine

07/05/2017

Amphetamine, urine,
qualitative

Positive

Barbiturates, urine,
qualitative

Negative

Benzodiazepine, urine,
qualitative

Negative

Cocaine metabolite, urine,
qualitative

Negative

Opiates, urine, qualitative

Positive

Phencyclidine (PCP), urine,
qualitative

Negative

Cannabinoid (THC,
marijuana) screen and
confirmation, urine

Negative

Oxycodone/oxymorphone,
urine

1:0

Sherburne County Jail

13880 Business Center Drive, Elk River, MN 55330

Phone: (763) 765-3860 | Fax: (763) 765-3817

Plan**Orders**

Medical professional profile (12 drugs), screen and confirmation, urine

Care Plan (Recommendations)

30 minute chemical withdrawal initiated, housing unit notified, RN to follow up with pt tomorrow.

Superbill**Selected ICD codes for billing (maximum of 12)**

ICD	Description
☆ (F10) F19.939	Other psychoactive substance use, unsp with withdrawal, unsp
ICD	Description
☆ (9) 292.0	Drug withdrawal

Superbill**Charges**

CPT/HCPCS	Modifiers	Units	Description	ICD Linkage
99201		1	Office or other outpatient visit for E&M of a new patient; requires 3 key components - a problem focused history, a problem focused exam, and straightforward medical decision making	(F10) F19.939 (9) 292.0

Sherburne County Jail
13880 Business Center Drive, Elk River, MN 55330
Phone: (763) 765-3850 | Fax: (763) 765-3817

Lynas, James Carr, DOB: 10/10/1988
Encounter Note 07/06/2017 | (supervised by Todd Leonard, MD)

This note has been signed by Pfeifer, Alyssa on 7/6/2017 9:34:35 AM and Leonard, Todd, MD on 7/6/2017 4:06:13 PM.

Chief Complaint

James Lynas is a 30 year old male County inmate. Today's visit is a chemical withdrawal assessment. His primary language is English. He is completely fluent in English.

History of Present Illness

Pt denies nausea, vomiting or diarrhea. Reports eating and sleeping well. Reports intestines are starting to "rumble" but no issues yet.

Health Summary

Current Problems

Withdrawal sign or symptom

Onset Date: 07/05/2017

Vitals

General	07/06/2017 09:29 AM	07/05/2017 11:35 PM
Blood Pressure	129 / 87 ¹	124 / 86 ¹
Pulse	104 ²	106 ²
Body temperature	97.2°F ³	98.1°F ³
Respiratory rate	15	15
Oxygen saturation	99 ¹	97
Pain level		0 - No pain
Cognitive status	No cognitive impairm.	No cognitive impairm..
1, Sitting, Adult cuff,		
2 Finger clip, Sitting,		
3 Oral		
4 Room air		

Physical Exam

Calm and cooperative. Skin dry. Sat still chair. Clear speech. Steady even gait.

Chemical withdrawal assessment score: 5.

Assessment

1 Withdrawal sign or symptom

ICD10: F19.939 Other psychoactive substance use, unsp with withdrawal, unsp

Plan

Care Plan (Recommendations)

See chemical withdrawal flow sheet. Pt teaching on importance of OPI and risks of going back to previous dose. Pt teaching on importance of staying hydrated. Recommended pt seek medical care on outside if released from court today due to pt thinks he will be released today, pt verbalized understanding and agreed he would follow up with primary clinic, RN to see pt tomorrow.

Superbill

Selected ICD codes for billing (maximum of 12)

ICD	Description
☆ [10] F19.939	Other psychoactive substance use, unsp with withdrawal, unsp

MEnd_000028

Sherburne County Jail

13880 Business Center Drive, Elk River, MN 55330

Phone: (763) 765-3850 | Fax: (763) 765-3817

ICD	Description
☆ 9 292.0	Drug withdrawal

Superbill

Charges

CPT/HCPCS	Modifiers	Units	Description	ICD Linkage
99201		1	Office or other outpatient visit for E&M of a new patient; requires 3 key components - a problem focused history, a problem focused exam, and straightforward medical decision making	10 F19.939 9 292.0

General Chart Note Addenda

7/7/2017 12:24 PM - Pfeifer, Alyssa, RN

Pt released on 7-6-17.

Sherburne County Jail
13880 Business Center Drive, Elk River, MN 55330
Phone: (763) 765-3850 | Fax: (763) 765-3817

Lynas, James Carr, DOB: 10/10/1988
Encounter Note 11/02/2017 | (supervised by Todd Leonard, MD)

This note has been signed by Kretsch, Andrea on 11/11/2017 1:25:16 PM and Leonard, Todd, MD on 11/13/2017 9:22:07 AM.

Chief Complaint

James Lynas is a 31 year old male County Inmate. Today's visit is a chemical withdrawal assessment. His primary language is English. He is completely fluent in English.

History of Present Illness

Pt denied any sleeping or eating disturbances. Pt reported having a history of withdrawal symptoms of cold sweats, but denies any seizure history. Pt reported using heroin and meth, pt denied any medications or any allergies.

Health Summary

Current Problems

Withdrawal sign or symptom

Onset Date: 07/05/2017

Vitals

General

11/02/2017
01:00 AM

Blood Pressure

112/82

Pulse

92

Body temperature

98.4 F

Respiratory rate

16

Oxygen saturation

98

Pain level

0 = No pain

Cognitive status

No cognitive impairment

1, Sitting, Adult

cuff, |

2 Finger clip,

Sitting, |

3 Oral.

Physical Exam

Pt had steady and even gait, was calm and cooperative and maintained appropriate communication and eye contact. Pt had dry and natural colored skin, no sweating noted.

Assessment

1 Withdrawal sign or symptom

ICD10: F19.999 Other psychoactive substance use, unsp with withdrawal, unsp

Plan

Care Plan (Recommendations)

Pt to follow up with the clinic as needed. RN to follow up with the pt tomorrow for chemical withdrawal tomorrow.

Superbill

Selected ICD codes for billing (maximum of 12)

ICD	Description
★ F19.999	Other psychoactive substance use, unsp with withdrawal, unsp

ICD	Description
F19.999	Other psychoactive substance use, unsp with withdrawal, unsp

MEnd_000030

Sherburne County Jail
13880 Business Center Drive, Elk River, MN 55330
Phone: (763) 765-3850 | Fax: (763) 765-3817

Superbill

Charges

CPT/HCPCS	Modifiers	Units	Description	ICD Linkage
99201		1	Office or other outpatient visit for E&M of a new patient; requires 3 key components - a problem focused history, a problem focused exam, and straightforward medical decision making	<input checked="" type="checkbox"/> F19.939 <input checked="" type="checkbox"/> 292.0

Sherburne County Jail
13880 Business Center Drive, Elk River, MN 55330
Phone: (763) 765-3850 | Fax: (763) 765-3817

Lynas, James Carr, DOB: 10/10/1986
Encounter Note 11/02/2017 | (supervised by Todd Leonard, MD)

This note has been signed by Thompson, Jennie on 11/2/2017 7:14:56 AM and Leonard, Todd, MD on 11/2/2017 8:58:53 AM.

Chief Complaint

James Lynas is a 31 year old male Anoka inmate. Today's visit is a chemical withdrawal assessment. His primary language is English. He is completely fluent in English.

History of Present Illness

Patient seen in the clinic for chem withdrawal. Patient reports that he is having nausea and diarrhea but able to keep dinner from last night down. He reports having the cold sweats. Patient reports that he only had a few hours of sleep.

Vitals

General	11/02/2017 07:10 AM	11/02/2017 01:00 AM
Blood Pressure	121 / 68 ¹	112 / 82 ¹
Pulse	72 ²	94 ²
Body temperature	97.5°F ³	98.4°F ³
Respiratory rate		16
Oxygen saturation	100	98
Pain level		0 - No pain
Cognitive status		No cognitive impairment.
1, Sitting, Adult cuff,		
2 Finger clip, Sitting,		
3 Oral		

Physical Exam

Chem score is 7.

Patient reported that he has had diarrhea a couple of times yesterday and last night.

Assessment

1 Withdrawal sign or symptom

ICD10: F19.939 Other psychoactive substance use, unsp with withdrawal, unsp

Plan

Care Plan (Recommendations)

Will recheck him tomorrow.

Superbill

Selected ICD codes for billing (maximum of 12)

ICD	Description
☆ (10) F19.939	Other psychoactive substance use, unsp with withdrawal, unsp
ICD	Description
☆ (9) 292.0	Drug withdrawal

Sherburne County Jail
13880 Business Center Drive, Elk River, MN 55330
Phone: (763) 765-3850 | Fax: (763) 765-3817

Charges

CPT/HCPCS	Modifiers	Units	Description	ICD Linkage
99201		1	Office or other outpatient visit for E&M of a new patient; requires 3 key components - a problem focused history, a problem focused exam, and straightforward medical decision making	(10) F19.939 (9) 292.0

Sherburne County Jail
13880 Business Center Drive, Elk River, MN 55330
Phone: (763) 765-3850 | Fax: (763) 765-3817

James, James Carr, DOB: 10/10/1986
Encounter Note 11/03/2017 | (supervised by Todd Leonard, MD)

This note has been signed by Thompson, Jennie on 11/3/2017 12:16:13 PM and Leonard, Todd, MD on 11/3/2017 2:13:05 PM.

Chief Complaint

James Lynas is a 31 year old male Anoka inmate. Today's visit is for a health assessment and a chemical withdrawal assessment. His primary language is English. He is completely fluent in English. Translation services were provided.

History of Present Illness

Patient seen in the clinic. Patient states that last night he was having stomach pain since last night. He states that it is worse when he lays down. Patient reports that his nose was cut off in 2016 and he had nose and sinus surgeries for this.

Health Summary

Allergies / Adverse Reactions

No Known Drug Allergies

Vitals

General	11/03/2017 10:41 AM
Weight	169 lb
Height	6'2"
BMI	20.4
Blood Pressure	113/73
Pulse	74
Body temperature	97.9 F
Respiratory rate	16
Oxygen saturation	99
1, Sitting, Adult	
cuff,	
2 Finger clip,	
Sitting,	
3 Oral	

Physical Exam

Gastrointestinal

Abdomen: Inspection: abdominal shape is flat. Auscultation: normoactive bowel sounds. Palpation: abdominal tenderness is present which is mild and located in the epigastric region.

Patients chem score is 8.

Suicide risk screening score is 16.

Assessment

- Adult annual physical
- Mental health care
ICD10: Z51.89 Encounter for other specified aftercare
- Withdrawal sign or symptom
ICD10: F19.939 Other psychoactive substance use, unsp with withdrawal, unsp

Sherburne County Jail
 13880 Business Center Drive, Elk River, MN 55330
 Phone: (763) 765-3850 | Fax: (763) 765-3817

Plan

Medications

Completed Medications

Prescribed : Maalox Maximum Strength 400-400-40 mg/5 mL Oral Suspension
 30 cc 3xs daily as needed x 3 days. (use stock), 1 Bottle with 0 refills

Care Plan (Recommendations)

Will treat stomach issue per protocol with Maalox 30 cc by mouth three times a day as needed x 3 days use stock.

Health Assessment completed see paper form in chart.

Will have one final chem withdrawal check tomorrow.

Reviewed health assessment with mental health provider.

Follow up in the clinic as needed.

Superbill

Selected ICD codes for billing (maximum of 12)

ICD	Description
☆ [10] Z51.89	Encounter for other specified aftercare
[10] F19.939	Other psychoactive substance use, unsp with withdrawal, unsp
ICD	Description
☆ [9] V70.0	Health checkup
[9] V57.89	Care involving use of rehabilitation procedures; other specified
[9] 292.0	Drug withdrawal

Superbill

Charges

CPT/HCPCS	Modifiers	Units	Description	ICD Linkage
99201		1	Office or other outpatient visit for E&M of a new patient; requires 3 key components - a problem focused history, a problem focused exam, and straightforward medical decision making	[10] Z51.89 [10] F19.939 [9] V70.0 [9] V57.89 [9] 292.0

Sherburne County Jail

13880 Business Center Drive, Elk River, MN 55330

Tel: (763) 765-3850 | Fax: (763) 765-3817

Lynas, James Carr, DOB: 10/10/1996

Encounter Note 11/04/2017 | (supervised by Todd Leonard, MD)

This note has been signed by Zweber, Bailey on 11/4/2017 9:49:33 PM and Leonard, Todd, MD on 11/6/2017 9:36:23 AM.

Chief Complaint

James Lynas is a 31 year old male Anoka Inmate. Today's visit is a chemical withdrawal assessment. His primary language is English. He is completely fluent in English.

Patient was called to clinic to be seen for chemical withdrawal monitoring.

History of Present Illness

Patient reports eating all of his supper with no N/V, D. Patient reports 'conscious sleeping' when he can hear everything everyone is saying and is only able to sleep for 20 min intervals. Denies any hallucinations.

Health Summary

Current Medications

Maox Maximum Strength 400-400-40 mg/5 mL Oral Suspension

30 cc 3xs daily as needed x 3 days. (use stock)

Allergies / Adverse Reactions

No Known Drug Allergies

Vitals

General

11/04/2017
09:37 PM

Height

6'2"

Blood Pressure

124/81

Pulse

78

Body temperature

98.2°F

Respiratory rate

14

Oxygen saturation

98%

Pain level

0 - No pain

Cognitive status

No cognitive impairment

1, Sitting, Adult
cuff, |2 Finger clip,
Sitting, |

3 Oral |

4 Room air

Physical Exam

Patient A/Ox3, no tremor noted upon arm extension or tongue protrusion, patient held conversation with clear speech, patient calm and cooperative, skin warm and dry, and patient sat upright and had steady even gait.

Assessment

1 Withdrawal sign or symptom

ICD10: F19.909 Other psychoactive substance use, unsp with withdrawal, unsp

Plan

Care Plan (Recommendations)

Chemical withdrawal flow sheet discontinued due to having 4 scores under 10 for the last 4 days. Patient had no questions or concerns. Patient to follow up with clinic as needed.

Superbill

Sherburne County Jail

1000 Business Center Drive, Elk River, MN 55330

Tel: (763) 765-3850 | Fax: (763) 765-3817

Selected ICD codes for billing (maximum of 12)

ICD	Description
☆ (10) F19.939	Other psychoactive substance use, unsp with withdrawal, unsp

ICD	Description
☆ (9) 292.0	Drug withdrawal

Superbill

Charges

CPT/HCPCS	Modifiers	Units	Description	ICD Linkage
99201		1	Office or other outpatient visit for E&M of a new patient; requires 3 key components - a problem focused history, a problem focused exam, and straightforward medical decision making	(10) F19.939 (9) 292.0

Sherburne County Jail

380 Business Center Drive, Elk River, MN 55330

Phone: (763) 765-3850 | Fax: (763) 765-3817

Lynas, James Carr, DOB: 10/10/1988

Encounter Note 11/05/2017 | (supervised by Todd Leonard, MD)

This note has been signed by Pfeifer, Alyssa on 11/5/2017 3:25:24 PM and Leonard, Todd, MD on 11/6/2017 9:36:15 AM.

Chief Complaint

James Lynas is a 31 year old male Anoka inmate. Today's visit is a chemical withdrawal assessment. His primary language is English. He is completely fluent in English.

Pt returned BDI with a score of 43 and number 9 scored as a 1.

Writer reviewed pt health assessment visit, previous suicide risk assessment and BDI with FNP C.W. who asked for writer to meet with pt and get more information.

Pt seen in clinic.

History of Present Illness

Pt denies suicidal thoughts and when writer asked if he had the opportunity available to kill himself would he do it, pt responded stated "No, I couldn't do that to my daughter". Pt denies hx of attempts or plans of suicide but reports in 2013 when he got his felony he felt like giving up and he sold all of his guns so he wouldn't shoot himself. Reports was having a rough time on the outside but about 1.5 months ago started getting his life back together but still continued to use opiates. Reports now being in jail is the first time in 1.5 years he's been sober and is having to deal with his mental health, when asked how he's currently coping with it pt stated "honestly I'm suffering and not coping with it". Pt reports he went to court on tuesday and got 4 months but possibility of going to work house after 30 days but thinks its in his best interest to do the 4 months then go to a treatment that does dual dx to get help with drug use and mental health like at Nystrium or recovery plus. Report the last time he went to treatment his mental health was not addressed and he thinks that was part of the issue of returning to drugs. Pt reports "definitely" feeling depressed and "my anxiety is through the roof". Reports feeling very stressed about being locked in for 20 hours a day while in Gamma, but when he has time out of his cell he watches tv or walks which helps. Reports his insomnia is maddening, his mind is going crazy with thoughts, and going through many emotions like frustration, irritated and then emotional. Pt reports having current goal of getting life back together and future goals of going to treatment, and putting his life back together for his daughter so she doesn't have to go through the same thing he did. Pt reports if he did have suicidal thoughts he would tell the CO or clinic.

Health Summary

Current Problems

Adult annual physical

Onset Date: 11/03/2017

Mental health care

Onset Date: 11/03/2017

Withdrawal sign or symptom

Onset Date: 07/05/2017

Current Medications

Moxox Maximum Strength 400-400-40 mg/5 mL Oral Suspension

30 cc 3x's daily as needed x 3 days; (use stock)

Allergies / Adverse Reactions

No Known Drug Allergies

Vitals

General

11/04/2017
09:37 PM

Height

62"

Blood Pressure

124/81

Pulse

78

Body temperature

98.2°F

Respiratory rate

14

Oxygen saturation

98%

Pain level

0 = No pain

Cognitive status

No cognitive impairment

1, Sitting, Adult
cuff, |2 Finger clip,
Sitting, |

3 Oral |

4 Room air

Physical Exam

MEnd_000038

Sherburne County Jail

280 Business Center Drive, Elk River, MN 55330
 Tel: (763) 765-3850 | Fax: (763) 765-3817

Calm and cooperative. Sat still in chair. Made good eye contact. Appropriate mood and affect. Alert and oriented x 3. Clear speech. Skin dry. Suicide risk assessment score: 12.

Assessment

- 1 Seen in mental health clinic

ICD10: R69 Illness, unspecified

- 2 Medication started

Plan

Medications

Completed Medications

Prescribed : hydroxyzine HCl 50 mg Oral Tablet

1 tablet by mouth 2x daily at AM and HS as needed x 10 days , 20 Tablet with 0 refills

Care Plan (Recommendations)

TORB from FNP C.W. for 15 min mental health watch in general population, start Hydroxyzine as set up above and give first dose now (1100) and sent MH referral.

Housing CO informed of 15 min MH watch. MH referral sent. Witter thoroughly explained step 2 of MH packet, pt verbalized understanding. Step 2 of MH packet sent with pt. Pt informed of provider's plan and to bring his 2 week packet with him when he meets with MH provider.

Sgt 3411 updated. Pt to follow up with clinic PRN

Superbill

Selected ICD codes for billing (maximum of 12)

ICD	Description
☆ [10] R69	Illness, unspecified
ICD	Description
☆ [9] 799.9	Other ill-defined causes of morbidity and mortality

Superbill

Charges

CPT/HCPCS	Modifiers	Units	Description	ICD-Linkage
99205		1	Office or other outpatient visit for E&M of a new patient; requires 3 key components - a comprehensive history, a comprehensive exam, and medical decision making of high complexity	[10] R69 [9] 799.9

Sherburne County Jail

280 Business Center Drive, Elk River, MN 55330
Phone: (763) 765-3850 | Fax: (763) 765-3817

Lynas, James Carr, DOB: 10/10/1986

Documentation Note 11/08/2017 | (supervised by Todd Leonard, MD)

This note has been signed by Thompson, Jennie on 11/8/2017 6:43:58 AM and Leonard, Todd, MD on 11/9/2017 10:59:53 AM.

Notes

Sick Call: 11/07/17 "My sister to drop my glasses off."

Plan

Care Plan (Recommendations)

Note sent to patient. "Mr. Lynas, Please have your sister drop off your glasses."

Sherburne County Jail

1880 Business Center Drive, Elk River, MN 55330
 Phone: (763) 765-3850 | Fax: (763) 765-3817

Lynas, James Carr, DOB: 10/10/1986

Encounter Note 11/09/2017 | (supervised by Todd Leonard, MD)

This note has been signed by Pfeifer, Alyssa on 11/9/2017 2:28:06 PM and Leonard, Todd, MD on 11/9/2017 1:45:02 PM.

Chief Complaint

James Lynas is a 31 year old male Anoka inmate. Today's visit is due to a Code Blue.

Writer responded to code blue in special housing. As writer entered special housing gate heard for an ambulance to be activated over the radio.

Health Summary

Current Problems

Adult annual physical	Onset Date: 11/03/2017
Medication started	Onset Date: 11/05/2017
Mental health care	Onset Date: 11/03/2017
Seen in mental health clinic	Onset Date: 11/05/2017
Withdrawal sign or symptom	Onset Date: 07/05/2017

Current Medications

Maalox Maximum Strength 400-400-40 mg/5 mL Oral Suspension	30 cc 3x daily as needed x 3 days. (use stock)
hydroxyzine HCl 50 mg Oral Tablet	1 tablet by mouth 2x daily at AM and HS as needed x 10 days

Allergies / Adverse Reactions

No Known Drug Allergies

Physical Exam

Upon arrival to SH 5 block at approximately 0941. Pt was being pulled out of cell supine with shirt off by CO's, pt's face was very pale with blue/gray tint, lips were faint purple/blue, mouth was open, eye lids were closed, bilateral arms were very pale, limp and resting on floor almost 90 degrees from body. CO's immediately started chest compression upon pulling pt from cell informing writer pt has no pulse and isn't breathing, no radial pulse was present when writer palpated left radial, crash bag was brought in and CO started breaths via ambu bag with 30 compression/2 breath ratio; oxygen set at 15L. FNP J.M. arrived on scene. Oral air way was placed by 4334 per VORB from FNP J.M. AED was applied and at 0946 no shock was advised, 30 compression/2 breath CPR continued, Sgt 3406 and Sgt 3407 monitoring CO's compression depth and telling when CO's to switch out doing compressions. Writer monitoring pt getting breaths and verifying chest had rise and fall each time. 0948 no shock was advised; 30 compression/2 breaths CPR continued. Pt's upper extremities regained some color and appearing less pale. Lips appeared light pink but very dry. Face was slightly less pale than first seen upon arrival. 0950 no shock was advised; 30 compression/2 breath CPR continued. EMS arrived on scene and applied their AED monitor. Writer then assisted with securing bag valve mask around mouth and nose, at 1000 pt left pupil was 4 mm and non-reactive when writer open eye lid; EMS was on scene (unknown time of arrival) took charge of code and confirmed pt did not have a pulse and instructed staff to continue compressions/breaths while they set up; EMS set up Lucas, placed IV and IO, applied G-collar. EMS stated pt had a pulse at 1002 and then EMS stated pt had blood pressure (at unknown time) but low. EMS stopped Lucas but instructed to continue supportive breathing. CO. EMS placed pt on back board with help from medical and CO's. What appeared to be a torn white sheet was looped around metal circle in front of cell lights and was cut (per Sgt due to cut down tool), another piece of ripped white sheet present in cell.

Assessment

1 Found hanging self

Plan

Care Plan (Recommendations)

Per Sgt 3407 pt was found by housing CO hanging from sheet in cell and was cut down.

Pt sent with EMS.

At 1121 Sandy from Mercy Hospital called with report on pt; report pt is still not responsive to pain, pupils are non-reactive, pt being sent for CT scan due to possible spinal cord injury, and VS are good.

Addenda

11/13/2017 9:18 AM - Leonard, Todd, MD

writer called to the scene. ON arrival several COs and RNs were performing CPR. Noted good chest compression with recoil. Tech bagging patient. noted poor chest rises with bagging, needing oral air way. verbal order given to tech ok to place. oral air way measured and placed. able to get complete chest rises and proper air flow. compression continued. EMS arrived, took over situation. Per EMS, IV placed, ET tube placed and lucas. CPR continued throughout tasks being done.

11/13/2017 9:20 AM - Leonard, Todd, MD

able to bring pulse back. continued with rescue breaths while ET tube being placed. placed successfully. Patient placed on back board and to EMT cart. Patient to hospital.

Superbill

Selected ICD codes for billing (maximum of 12)

ICD	Description
☆ 994.7	Asphyxiation and strangulation

MEN_000041

Sherburne County Jail

980 Business Center Drive, Elk River, MN 55330
tel: (763) 765-3850 | Fax: (763) 765-3817

Superbill
Charges

CPT/HCPCS	Modifiers	Units	Description	ICD Linkage
99201		1	Office or other outpatient visit for E&M of a new patient; requires 3 key components - a problem focused history, a problem focused exam, and straightforward medical decision making	<input checked="" type="checkbox"/> 994.7 <input checked="" type="checkbox"/> E983.0

Sherburne County Jail

380 Business Center Drive, Elk River, MN 55330
 Phone: (763) 765-3850 | Fax: (763) 765-3817

Lynas, James Carr, DOB: 10/10/1986

Notation Note 11/09/2017 | (supervised by Todd Leonard, MD)

This note has been signed by Pramann, Joleen on 11/9/2017 11:23:18 AM and Leonard, Todd, MD on 11/9/2017 1:13:48 PM.

Notes

Patient moved from gamma to special housing on 11/8/17 at 21:43. Clinic staff was unaware of move. Patient didn't receive AM medication due to move.
 Code Blue called over radio writer responded to code. Patient was on the floor and CPR was in progress. Writer waited in background waiting for orders from staff.

Assessment

1 Medical/dental care

ICD10: Z51.89 Encounter for other specified aftercare

Superbill

Selected ICD codes for billing (maximum of 12)

ICD	Description
☆ <u>10</u> Z51.89	Encounter for other specified aftercare
ICD	Description
☆ <u>9</u> V57.89	Care involving use of rehabilitation procedures; other specified

Superbill

Charges

CPT/HCPCS	Modifiers	Units	Description	ICD Linkage
99441		1	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian	<u>10</u> Z51.89 <u>9</u> V57.89

Sherburne County Jail

1980 Business Center Drive, Elk River, MN 55330

Phone: (763) 765-3850 | Fax: (763) 765-3817

Lynas, James Carr, DOB: 10/10/1988

Encounter Note 11/09/2017 | (supervised by Todd Leonard, MD)

This note has been signed by Bohn, Briony on 11/9/2017 11:21:42 AM and Leonard, Todd, MD on 11/9/2017 1:13:48 PM.

Assessment

1 Error entry deleted

ICD10: Z02.9 Encounter for administrative examinations, unspecified
Superbill

Selected ICD codes for billing (maximum of 12)

ICD	Description
☆ [10] Z02.9	Encounter for administrative examinations, unspecified
ICD	Description
☆ [9] V68.9	Encounters for administrative purposes; unspecified

Superbill

Charges

CPT/HCPCS	Modifiers	Units	Description	ICD Linkage
99201		1	Office or other outpatient visit for E&M of a new patient; requires 3 key components - a problem focused history, a problem focused exam, and straightforward medical decision making	[10] Z02.9 [9] V68.9

Sherburne County Jail

10860 Business Center Drive, Elk River, MN 55330

Phone: (763) 765-3850 | Fax: (763) 765-3817

Lynas, James Carr, DOB: 10/10/1966

Notation Note 11/09/2017 | (supervised by Todd Leonard, MD)

This note has been signed by Bohn, Briany on 11/9/2017 11:39:21 AM and Leonard, Todd, MD on 11/9/2017 1:13:48 PM.

Notes

Code blue called over the radio for SH housing. Writer ran to SH and upon arrival found patient on the floor with correctional staff doing CPR. VORB from provider to insert oral airway. Airway inserted, bag valve mask applied and oxygen given. Writer able to see chest rise when oxygen given. Throughout the CPR process, writer assisted by holding mask while a CO administered oxygen. Writer assisted with positioning patient on the floor so a backboard could be used and transferring patient on to backboard by holding c-spine. Patient transferred to stretcher and taken to the hospital.

Sherburne County Jail

20080 Business Center Drive, Elk River, MN 55330

Phone: (763) 765-3850 | Fax: (763) 765-3817

Lynas, James Carr, DOB: 10/10/1986

Notation Note 11/09/2017 | (supervised by Todd Leonard, MD)

This note has been signed by Asfeld, Danielle on 11/9/2017 12:04:26 PM and Leonard, Todd, MD on 11/9/2017 1:13:48 PM.

Notes

Writer arrived on scene to SH 5 block and assisted in getting AED applied on patient. Pads were removed from case and given to Sgt. and CO to apply on patient's body while CPR was being performed by jail staff. Writer then turned on the AED, and backed away from scene to allow room for those performing CPR. Upon Provider JMs arrival, writer obtained VORB to apply 15L of O2 viaambu bag. Tubing was attached to oxygen tank already, and tank was opened by writer and turned up to 15 liters per minute. Writer then left to get paperwork from the clinic to be given to EMS upon arrival. Writer brought paperwork and MAR to SH and was given to staff. Writer then returned to clinic.

Sherburne County Jail

13880 Business Center Drive, Elk River, MN 55330

Phone: (763) 765-3850 | Fax: (763) 765-3817

Lynas, James Carr, DOB: 10/10/1986

Documentation Note 11/09/2017 | (supervised by Todd Leonard, MD)

This note has been signed by Brown, Mary on 11/9/2017 12:03:43 PM and Leonard, Todd, MD on 11/9/2017 1:13:48 PM.

Notes

Writer was in exam room with another patient when Code blue was called at approximately 0945. When writer arrived in housing patient was on the floor with several CO's surrounding him. SGT instructed to have CO's pull patient out of cell into common area. Patient was unresponsive and had a obvious crease line across the neck lips were blue and entire body was pale in color. SGT and CO's began CPR with deep steady compressions. Provider arrived and gave order to have an airway put in which was completed by HT. Ambubag was applied and compressions started by SGT. CPR continued on patient until paramedic arrived. Paramedic took over and instructed staff on what to do next. Additional paramedic arrived, Paramedics gave 3 epi's, blood pressure was noted at 97/60. LUCOUS was applied. Patient during this time continued to be unresponsive. Paramedic intubated patient with camera and airway was obtained. C-collar was applied and patient was put on back board and taken from facility.